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VALUE IN HEALTH

In Memoriam: Alan Williams (1928–2005)

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There can be little doubt that when a definitive history of health economics is finally written it will reveal the multilayered contribution to its advancement attributable to Alan Williams. His death in June 2005 marks an end to his direct influence but his legacy cannot be denied. Much of the topology of the evaluation landscape that we take for granted was still primeval swamp when Alan Williams began his early forays into the as yet uncharted territory that was to become all to familiar to today's health economist. His 1972 Social Indicators paper with Tony Culyer and Bob Lavers documents an approach to the measurement of health status withstands the test of time.

Good fortune around that time brought him into contact with Vincent Watts who told him about the research that he was working on with his wife, Rachel Rosser. That happy coincidence was to have far reaching consequences, which Alan himself has documented in a book chapter that is to appear shortly [2]. Rachel was interested in the measurement of health status for the purpose of quantifying outcomes in the evaluation of hospital inpatient treatment. She labeled it by the unfortunate term "sanitative output," which has luckily now disappeared from common usage. Her pioneering work in the UK was on a parallel course with that of others in the United States and Canada and it was through her that Alan gained familiarity with it.

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It was Alan who saw the need to transform the original Rosser valuation scale so that it conformed to the (now conventional) metric in which full health and dead have values 1 and 0 respectively. It fell to me to undertake that computational work and to subsequently document it. Our article was later presented at a meeting for which Alan happened to receive an honorarium. It was entirely in keeping with his generosity of spirit that he divided the sum equally between the trio of authors. Alan's collaboration with Rachel Rosser produced a set of weights for health states with the required attributes for quality-adjusted life-year (QALY) computations. Although these weights lacked the authoritative status that was truly required to give adequate legitimacy to their general usage, the emergence of a non-US/Canadian weighted health status index helped encourage UK and European health economists to take up the fledgling QALY technology. A little recognized, but nevertheless landmark mark event occurred when the Forrest Commission Report [3] published a cost/QALY based on the modified Rosser Index, effectively defining the first UK benchmark cost-effectiveness ratio. These were still the days when a QALY was a QALY.

Alan continued to advocate the use of the (imperfect) Rosser weights, but also accepted the need to improve the methods used to value the health states defined by her disability/distress classification. This led to a series of head-to-head valuation studies that incorporated a variety of elicitation techniques, including standard gamble, time trade-off, magnitude estimation, category rating, and paired comparisons. This heralded the beginning of the Measurement and Valuation of Health (MVH) Project. The team at the Center for Health Economics now included Claire Gudex a New Zealand doctor, and we convinced Alan that an improved method for valuing health would only be useful if the descriptive system to which that method was applied was itself robust. That "educational" task proved amazingly straightforward and Alan fell to it with a zeal that was nothing short of staggering because it required him to move into the uncharted waters of qualitative research for which he claimed

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no prior experience. What followed was a series of some 650 structured interviews with young adults and their parents in a study supported by the Nuffield Provincial Hospital Fund at Alan's behest. He himself devised procedures for coding interview text and gained familiarity with the relevant software package—itself something of a shattering experience for his colleagues since he had until then retained a magisterial distance from any direct, hands-on contact with "high-tech" solutions. ETHNOGRAPH changed all that.

Alan had by now helped to foster a small group of UK researchers with an interest in health status measurement. The group included Martin Buxton from Brunel University as well as members of Rachel Rosser's research team and we met on an almost clandestine basis to exchange intelligence on this nascent technology with interested observers from the Government's Department of Health. Within a short time the locus of this group moved from the UK to Europe, when in 1987 Alan convened a meeting of interested parties in Rotterdam, the Netherlands. The agenda was dominated by the issue of how to value health—not itself a new topic—but to do so in a way that enabled values obtained in different countries to be compared. Those present at that first meeting had no conception of the group's potential for longevity, the way that it would change individuals' lives or its impact on the scientific community in which we all worked. The single causal factor that brought the EuroQoL Group together (for that is what it accidentally named itself some time later) was Alan Williams and it was his agenda that the Group worked to in those formative days. What later became known as EQ-5D was in fact the warm-up task that formed the first part of the standard EuroQoL Group questionnaire designed for eliciting health state values. The persistence of Alan's formative contribution can be seen in the wording of the instructions to respondents in which they were asked to tick a box (*thus* ✓). It is his voice that can be heard shaping the sentence and it took the better part of a decade to gain the Group's approval to modify and modernize the language.

The conclusion of the MVH Project freed Alan to give attention to other QALY-related matters, notably to examine issues related to the different value of health benefits when ascribed to different beneficiaries. He regularly collected data from his various postgraduate encounters in which he tested whether (say) young men who smoked were more or less deserving of health care than older women with children. His formulation of what became known as the Fair Innings argument has been well documented elsewhere, but it is worth noting that he felt that he had the upper hand as a senior citizen in promoting the case for giving priority to others younger than him. At the seventh Annual European Meeting of ISPOR in Hamburg in 2004 he gave a plenary address, "Aging population—burden or blessing," in which he reinforced the message for a younger audience.

Alan took immense satisfaction from seeing the survival and growth of the EuroQoL Group. He valued without reservation the scientific endeavor that at times brought researchers into conflict but that deep down unified them all. He relished the Scientific Plenary meetings at which new material is discussed with a robustness that is not for the faint-hearted. At the time of his death the Group had adopted the principle of a revised five-level classification. In Alan's mind that principle had become fact once empirical evidence had been laid before the Group to show that it was feasible to move in that direction. His 70th birthday coincided with the 10th anniversary of the EuroQoL Group and to mark both events he was presented with a selection of the accumulated articles from the Group's archives. These articles were, after marginal editing, prepared for publication in a book that is due to appear shortly [4]. Alan thought briefly before accepting my invitation to write a valedictory tailpiece to the book during what turned out to be his last weeks. His life had been spent in counseling others about the need to make the most efficient use of scarce resources. This was a classic test for him. Should he trade off the certain benefits of a day of his remaining life expectancy against the uncertainty of a communication that might be less productive? He took only a few moments to decide to do it and 24 hours later the text was in my hand. One idea shines out from the darkness that was to engulf him. "Deep down you know that what you think you know is always contingent and contestable . . . So the best you can hope for is that enough of your colleagues will regard your (current) findings as a working hypothesis that they are willing to accept until something better comes along." Above all else, Alan Williams's was an intellect that demanded the highest standards from all those whose work he engaged with. Those who attended the iHEA Meeting in York in 2001 will bear witness to this and recall Alan's dialogue with the Nobel Laureate Amartis Sen at the conclusion of the latter's Plenary address. Alan had a capacity to listen to others describe their own problems and by dint of a few encouraging questions to lay bare their

own solution to those difficulties. Put at its simplest, Alan Williams inspired others by offering them a vision of how scientific enquiry should be conducted. The fact of his death does not diminish that vision because there is a legion of other (younger) researchers who saw for themselves that this was indeed the only *reasonable* way to go.

References

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